



# Park Facilities Request Form



☐ **Organization** ☐ **Team** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Hm): (\_\_\_\_) \_\_\_\_\_ (Wk): (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ (Cell): (\_\_\_\_) \_\_\_\_\_

☐ **Individual Name/ Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_M \_\_\_\_F Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Hm): (\_\_\_\_) \_\_\_\_\_ (Wk): (\_\_\_\_) \_\_\_\_\_ ext: \_\_\_\_\_ (Cell): (\_\_\_\_) \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## FACILITY REQUESTED: (fees on page 3-4)

Park/Facility	Shelter	Pavilion w/ Activity Room	Kitchen	Picnic Grove	Multipurpose Field	Game Field
Spilman Park		n/a	n/a	n/a		n/a
Lenn Park	n/a					
Galbreath Marshall Field	n/a	n/a	n/a	n/a		n/a

**DATE(S) REQUESTED:** \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**DAY(S):** M Tu W Th F Sa Su **TIMES:** \_\_\_\_\_

- Are you a Culpeper County resident? ☐ Yes ☐ No (Residency must be confirmed through two forms of identification.)
- Type of event to be held? \_\_\_\_\_
- For whose benefit is this event? \_\_\_\_\_
- Will you have a caterer, moon bounce, or other paid services at this event? ☐ Yes ☐ No
  - If yes, please list type of service? \_\_\_\_\_
- Will the public be admitted? ☐ Yes ☐ No
  - Is admission to be charged? ☐ Yes ☐ No
- Is there a third-party agreement with a profit-making organization? ☐ Yes ☐ No
  - Name of organization: \_\_\_\_\_
- Number of people expected to attend:** \_\_\_\_\_

## OFFICE USE ONLY

Rental Fee Received by: \_\_\_\_\_ Date: \_\_\_\_\_ cash / ck # / cc: \_\_\_\_\_  
Deposit Rcvd by: \_\_\_\_\_ Date: \_\_\_\_\_ cash / ck #: \_\_\_\_\_ Deposit Refunded by: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Your Application has been approved. ☐ Your Application has been Denied.

☐ Changes / Stipulations: \_\_\_\_\_

☐ Yes ☐ No - certificate of liability insurance required (\$1,000,000)

Processed by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_